

BRAVO! KENNELS * Hills Handling

Marietta, Georgia 30152

770-365-6695

LIMITED POWER OF ATTORNEY

THE POWERS GRANTED BELOW ARE EFFECTIVE UNTIL THE EXPIRATION DATE UNLESS REVOKED BY THE GRANTOR.

The undersigned hereby designates Donna Hills doing business as Hills Handling as my Attorney-In-Fact for obtaining veterinary care for my dog.

Information about the Person Granting Authority:

Name			
Address			
Telephone		Email Address	
Signature		Date Signed	

Information about the Dog:

Known as	AKC Number
Registered Name	

This Power of Attorney includes obtaining veterinary care of any type or description which includes but is not limited to:

Emergency care
X-Rays
Vaccinations

Wormings
Medications

All care or treatment judged to be necessary by my Attorney-In-Fact

The Grantor agrees to hold harmless any veterinary professional for rendering treatment to the above named dog when authorized by my Attorney-In-Fact. This does not however release the Veterinary professional from liability which might arise from the manner in which care is rendered.

Should the care or treatment recommended by the veterinarian or veterinary professional selected by my attorney-in-fact involve any permanent disfigurement of the dog (other than surgery in an emergency situation) or have the effect of rendering the dog sterile for reproductive purposes, my Attorney-In-Fact and the treating veterinarians are directed to contact me for authorization to proceed prior to conducting such procedure.

This power of attorney does not authorize euthanization of my dog without prior verbal approval from me unless in extreme medical emergency.

I will assume full responsibility for payment/reimbursement of veterinary services rendered in accordance with this limited power of attorney.

This power of attorney shall expire on _____, unless previously revoked by me.

Sworn to and subscribed before me this _____ day of _____.